

HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, Suite 970 Honolulu, Hawaii 96813

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email: ethics@hawaiiethics.org website: www.hawaii.gov/ethics

| GIFTS DISCLOSURE STATEMENT | | | | | | | | | | |
|---|-------------------|--|-----------|---|-----------|---------------|-----|---------------|--|--|
| (This re | port covers the p | period from June 1 of the preceding calendar year th | rough Jun | e 1 of this yea | ar and is | due on June | 30) | | | |
| NAME: David Lane STATE AGENCY: Hawaii Health Systems Corporation | | | ST | STATE POSITION: Chief Compliance and Privacy Quantum STATE TEL. NO.: 808-240-2834 | | | | | | |
| | | | ST | | | | | | | |
| STATE MAILING ADDR | ESS: P.O. Bo | x 520 Kalaheo, HI 96741 | I | | | | | | | |
| 1 DONOR | 2 | DESCRIPTION OF GIFT | 3 | DATE REC'D | 4 | GIFT VALUE | 5 | AGG. VALUE | | |
| AAPC | Fligi | ht, Lodging, and Hotel for AAPC Conference | e 4/2 | 4/2012 | | \$1540 | | | | |
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Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE

DATE